

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023563

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3115

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
R.K. Skillman
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 4109 The Paseo	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN B. ZIMMERMAN		4. DATE OF DEATH June 11, 1962	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/12/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager-Shipping Dept. Corn Products		10b. KIND OF BUSINESS OR INDUSTRY Cannelton, Indiana	9. AGE (last birthday) 71
11a. FATHER'S NAME John Zimmerman		11b. MOTHER'S MAIDEN NAME Mary Benus	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. 4109 The Paseo	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		13b. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19. CITY, TOWN, OR LOCATION Kansas City, Mo.	
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22. CITY, TOWN, OR LOCATION Kansas City, Mo.	
23. I attended the deceased from January 1961 to 6-11-62 and last saw him alive on 6-11-62		24. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
25. SIGNATURE (Degree or title) R.K. Skillman M.D.		26. ADDRESS Kansas City, Mo.	
27. BURIAL, CREMATION, REMOVAL (Specify) Burial		28. DATE June 14, 62	
29. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		30. LOCATION (City, town, or county) (State) Kansas City Missouri	
31. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		32. DATE RECD. BY LOCAL REG. 6-14-62	
33. REGISTRAR'S SIGNATURE Ruth H. Long		34. (Licensed Embalmer's Statement on Reverse Side)	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herold L. Cattermole

Licensed Embalmer No.

3035

P. O. Address

Herold L. Cattermole

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr. Robert R. Hillman
Suite 212 - Medical Plaza
10:30 - 1:30
Bldg - 4320 W. 1st St. Kansas*